



STATE OF ARKANSAS
SECURITIES DEPARTMENT
HERITAGE WEST BUILDING, SUITE 300
201 EAST MARKHAM STREET
LITTLE ROCK, AR 72201



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FMLA Form 011

Notice of Changes in Licensee Data

NOTE: PLEASE SUBMIT ORIGINAL FORMS ONLY; THE DEPARTMENT WILL NOT ACCEPT FAXED COPIES. PLEASE RETAIN A COPY FOR YOUR RECORDS. INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION.

Licensee: _____

AR License Number _____

1. Name Change

New Entity Name

Attach the following documents:

1. Copies of all amendments to the documents of organization filed with the appropriate regulatory authority in the state of organization, as well as copies of any documents issued by said regulatory authority granting approval of said filing.
2. Copies of any documents issued by the Arkansas Secretary of State's Office granting approval of the amendments, if applicable.
3. Rider to the Arkansas Surety Bond reflecting the name change.

2. Use of an assumed or fictitious name (DBA).

DBA

Attach the following documents:

1. Copy of the "Registered Fictitious Name" Certificate issued by the Arkansas Secretary of State's Office granting authority to conduct business under a fictitious name.
2. Rider to the Arkansas Surety Bond reflecting the name change.

3. New or Corrected Address/Telephone Number/ Fax Number

Address

City

State

Zip

Telephone Number

Fax Number

4. Change in business activities.

☐ Add

☐ Add

☐ Add

Mortgage Banker

Mortgage Broker

Mortgage Servicer

☐ Delete

☐ Delete

☐ Delete

5. New principals, partners, officers, trustees, directors or managers of Licensee.

*The Commissioner must approve a change of control of a licensee in advance. See A.C.A. § 23-39-506(e).

Type of Person (Check all that apply)	Owner- ship %	Last, First, Middle Name & Title		Telephone Number	SSN	Date of Employment
<input type="checkbox"/> Owner	_____	<u>Last</u>	_____	_____	_____	_____
<input type="checkbox"/> Director		<u>First</u>	_____			
<input type="checkbox"/> Manager		<u>Middle</u>	_____			
<input type="checkbox"/> Partner		<u>Title</u>	_____			
<input type="checkbox"/> Officer						
<input type="checkbox"/> Other (Explain)						
<input type="checkbox"/> Owner	_____	<u>Last</u>	_____	_____	_____	_____
<input type="checkbox"/> Director		<u>First</u>	_____			
<input type="checkbox"/> Manager		<u>Middle</u>	_____			
<input type="checkbox"/> Partner		<u>Title</u>	_____			
<input type="checkbox"/> Officer						
<input type="checkbox"/> Other (Explain)						

6. Principals, Partners, Officers, Trustees, Directors or Managers No Longer Employed by Licensee. *If termination, please attach a detailed explanation.						
Type of Person (Check all that apply)	Owner- ship %	Last, First, Middle Name & Title		SSN	Date Released	Date of Employment
<input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Partner <input type="checkbox"/> Officer Other (Explain)	_____	<div>Last</div> <div>_____</div>	<div>_____</div>	<div>_____</div>	<div>_____</div>	<input type="checkbox"/> Resignation <input type="checkbox"/> Termination*
<input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Partner <input type="checkbox"/> Officer Other (Explain)	_____	<div>Last</div> <div>_____</div>	<div>_____</div>	<div>_____</div>	<div>_____</div>	<input type="checkbox"/> Resignation <input type="checkbox"/> Termination*

7. Change of Applicant's Managing Principal. The <u>NEW</u> Managing Principal must complete FMLA Form 004 and attach.	
<div>Name</div> <div>_____</div>	<div>Title</div> <div>_____</div>
<div>Company</div> <div>_____</div>	<div>Telephone Number</div> <div>_____</div>
<div>Address</div> <div>_____</div>	<div>Fax Number</div> <div>_____</div>
<div>City</div> <div>_____</div>	<div>E-mail Address</div> <div>_____</div>
<div>State</div> <div>_____</div>	
<div>Zip</div> <div>_____</div>	

8. Loan Officers Newly Employed by Licensee.			
Loan Officer Full Name (first, middle, last)	Social Security Number	AR License Number	Date Hired

9. Loan Officer No Longer Employed by Licensee. *If termination, please attach a detailed explanation.				
Loan Officer Full Name (first, middle, last)	Social Security Number	AR License Number	Date Released	Reason
				<input type="checkbox"/> Resignation <input type="checkbox"/> Termination*
				<input type="checkbox"/> Resignation <input type="checkbox"/> Termination*
				<input type="checkbox"/> Resignation <input type="checkbox"/> Termination*
				<input type="checkbox"/> Resignation <input type="checkbox"/> Termination*
				<input type="checkbox"/> Resignation <input type="checkbox"/> Termination*

10. Change of location of records pertaining to mortgage loan transactions involving Arkansas consumers.			
Address			
City	State	Zip	

11. Miscellaneous Changes.

STATE OF _____)
COUNTY OF _____)

Under the penalties of perjury, I affirm that I have examined this form and any accompanying information, and to the best of my knowledge and belief it is true, correct and complete. Furthermore, I am authorized to complete this form and sign this statement on behalf of the Licensee.

(Signature)

Date

(Print Name)

Title

Subscribed and sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

My Commission Expires:
